

CITY OF LANSING - DEVELOPMENT OFFICE
Application Single Family Housing Rehabilitation Grant and
Loan Program

Form must be filled out completely

Please note: If your mortgage payments, property taxes, and homeowner's insurance payments have not been paid ON TIME for the past year, you must bring them current.

DATE: _____ **Housing Rehab Needs:** _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms. Marital Status: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ Zip Code: _____

Phone #1: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Phone #2: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Phone #3: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Email Address: _____

Do you own and occupy your home as your ONLY residence? ☐ Yes ☐ No

☐ I have a mortgage on my home ☐ My home is paid off

Month/year you purchased your home: _____

Have you taken out any home improvement loans? ☐ Yes ☐ No If yes, when? _____

Have the following payments been made on time for the past 12 months?

Mortgage: ☐ Yes ☐ No Is the Mortgage in your name: YES NO

Property taxes: ☐ Yes ☐ No

Home Owners Insurance: ☐ Yes ☐ No

Have you ever gone through a loan modification? Yes NO

If yes, when? _____

Do you receive assistance from Department of Human Services (DHS) ? Yes NO

Type of assistance: _____

Have you ever filed for: Bankruptcy: ☐ Yes ☐ No

When?

Have you ever been through a foreclosure? ☐ Yes ☐ No

When?

If yes, did you sign a reaffirmation? _____

Are you or your child a full time college student?

Please list names of ALL adults (18 & over) living in the household, and relationship to the owner:

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Please list names of ALL children living in the household, and their relationship to the owner:

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Income information: List gross annual income for all adults household members 18-years of age or older. House hold members include unrelated individuals living in the same housing unit. (gross amounts, **before** any taxes or deductions):

Examples of types of income: employment, Social Security, Pension, etc.

Name of person receiving income:	Type of income:	Place of Employment	Monthly amount:

Is there an order for child support for any of the children in the household? Yes No

If yes, please complete the following information:

Name of child:	Friend of the Court County:	Amount Ordered

Penalty for false or fraudulent statements: U.S.C. Title 18, sec 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

Please return form to:

City of Lansing
DEVELOPMENT OFFICE
316 N. Capitol Ave., Suite
D-2 Lansing, MI 48933
(517) 483-4040
Fax: (517) 483-6036